Specialist palliative care teams (SPCT) in hospitals, national survey questionnaire - 2018

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I. General questions regarding characteristics and organization of palliative care i	ın valır nasnı	יגזו

- 1. What is the name of the hospital?
- 2. What is your position within the hospital?
- 3. What was the total number of hospital admissions in 2017?
 - o Total number of hospital admissions:...
- 4. Type of hospital
 - General hospital
 - Teaching hospital
 - University hospital
 - Oncological centre
- 5. Was a specialist palliative care team operational in the hospital in 2017?
 - o Yes
 - o No
 - No, specialist palliative care team is still in formation.
 Expected date of start:... (dd/mo/yy)
- 6. Is there an outpatient clinic for palliative care?
 - o Yes
 - o No
- 7. Is there a daycare unit for palliative care?
 - Yes
 - o No
- 8. Are there labeled beds for palliative care?
 - o Yes
 - o No
- 9. Are the labeled beds concentrated on a designated palliative care unit?
 - Yes
 - o No
- 10. Are there wards with nurses that have palliative care as their special field of interest and education?
 - o Yes
 - o No
- 11. Which wards work with nurses that have palliative care as their special field of interest and education?

0	Cardiology	0	ICU	0	Pediatrics
0	Dermatology	0	Internal diseases	0	Psychiatrics
0	Ear, Nose, Throat	0	Neonatal care	0	Pulmonary diseases
0	Emergency Department	0	Neurology	0	Rehabilitation
0	Endocrinology	0	Neurosurgery	0	Rheumatology
0	Gastro-intestinal diseases	0	Nephrology	0	Surgery
0	Geriatrics	0	Oncology	0	Urology
0	Gynecology	0	Ophthalmology		
0	Hematology	0	Orthopedic Surgery	0	Other, namely:

- 12. What is the hospital's policy with regard to palliative care? (multiple boxes may be ticked)
 - No policy
 - o Assignment from the board of directors or medical staff to develop palliative care
 - o Palliative care program / specialist palliative care team with its own multi-year strategy
 - Palliative care integrated in the hospital's multi-year strategy
 - A palliative care committee or steering group
 - A palliative care faculty
 - o Other, namely:...
- 13. Next to the specialist palliative care team, is there a separate pain team operational?
 - o Yes
 - o No
- 14. Are tools / measurement instruments being used within the hospital for identification of palliative care patients?
 - Yes
 - o No
- 15. What tools / measurement instruments are used to identify palliative care patients?
 - o SPICT (Supportive and Palliative care IndiCators Tool)
 - o RADPAC (RADboud indicators for PAlliative Care needs)
 - Surprise Question
 - Other, namely:...

II. General questions regarding characteristics and organization of the specialist palliative care team (SPCT) 16. What is your position within the SPCT? Head of SPCT / Palliative care program leader Team member Other, namely:... 17. When did the team start? (dd/mo/yy)

- 18. What was the number of inpatient consultations for the SPCT in 2017?
 - o N.a.; SPCT does not provide inpatient consultation services
 - o Number of inpatient consultations: ...
- 19. What was the number of outpatient consultations for the SPCT in 2017?
 - o N.a.; SPCT does not provide outpatient consultation services
 - o Number of outpatient consultations: ...
- 20. What was the number of home visits of the SPCT in 2017?
 - N.a.; SPCT does not provide home visits
 - Number of home visits: ...
- 21. Which disciplines are represented in the SPCT? (multiple boxes may be ticked)

0	General practitioner	0	Radiotherapy	0	Pharmacy
0	Nursing home physician	0	Rehabilitation	0	Psychiatry
0	Anesthesiology	0	Nurse practitioner	0	Psychology
0	Internal diseases (oncology)	0	Oncology nurse	0	Social worker
0	Gastro-enterology	0	Pain nurse	0	Occupational therapy
0	Geriatrics	0	Community nurse	0	Physical therapy
0	Pediatrics	0	Hospital nurse	0	Chaplains
0	Pulmonary diseases	0	Transfer nurse	0	Dietician
0	Neurology	0	Other nurse	0	Secretary
	Other management				-

Other, namely:...

- 22. Which discipline / specialty is head / coordinator of the SPCT? (multiple boxes may be ticked)
 - General practitioner Radiotherapy Pharmacy Nursing home physician Rehabilitation Psychiatry Anesthesiology Nurse practitioner Psychology Internal diseases (oncology) Oncology nurse Social worker 0 Gastro-enterology Pain nurse Occupational therapy Geriatrics Community nurse Physical therapy Pediatrics Hospital nurse Chaplains Pulmonary diseases Transfer nurse Dietician Neurology Other nurse Secretary
 - o Other, namely:...
- 23. Which disciplines are not represented on the SPCT but are closely affiliated for consultation? (multiple boxes may be ticked)

0	Internal diseases (oncology)	0	Radiotherapy	0	Psychiatry
0	Anesthesiology	0	Gastro-enterology	0	Chaplains
0	Neurology	0	Pharmacy	0	Social worker
0	Pulmonary diseases	0	Psychology	0	Other, namely:

24. For each SPCT member please indicate discipline / medical specialty and the number of labeled hours per week. In addition, specify the extra efforts (in hours) for the SPCT, if applicable. (The online questionnaire allowed multiple entries per discipline)

		Labeled hours / week	Average extra effort (hrs /w)
0	General practitioner	0	0
0	Nursing home physician	0	0
0	Anesthesiology	0	0
0	Internal diseases (oncology)	0	0
0	Gastro-enterology	0	0
0	Geriatrics	0	0
0	Pediatrics	0	0
0	Pulmonary diseases	0	0
0	Neurology	0	0
0	Radiotherapy	0	0
0	Rehabilitation	0	0
0	Nurse practitioner	0	0
0	Oncology nurse	0	0
0	Pain nurse	0	0
0	Community nurse	0	0
0	Hospital nurse	0	0
0	Transfer nurse	0	0
0	Other nurse	0	0
0	Pharmacy	0	0
0	Psychiatry	0	0
0	Psychology	0	0
0	Social worker	0	0
0	Occupational therapy	0	0
0	Physical therapy	0	0
0	Chaplains / spiritual caregivers	0	0
0	Dietician	0	0
0	Secretary	0	0
0	Other, namely	0	0

III. Questions regarding financing of the SPCT

- 25. How is the SPCT financed? (multiple boxes may be ticked)
 - o From patients' DBC (Diagnosis-Treatment Combination) palliative care (healthcare insurance)
 - o Own financial means from the hospital
 - Otherwise, namely:
- 26. Which medical specialty can initiate a DBC palliative care? (multiple boxes may be ticked)
 - Anesthesiology
 - Internal diseases (oncology)
 - Geriatrics
 - Pulmonary diseases
 - Neurology
 - Pediatrics
- 27. Are SPCT consultations registered?
 - o Yes
 - o No

28. Are registered SPCT consultations billed to patients' health insurances? <20% of registered consultations is billed o 20-40% of registered consultations is billed 40-60% of registered consultations is billed 60-80% of registered consultations is billed > 80% of registered consultations is billed o No, registered consultations are not billed, because... 29. Are there any contracts with health insurance companies about reimbursement? o Yes o No 30. Are there internal agreements about reimbursement of the SPCT with the board / medical staff? o Yes o No 31. Was the number of consultations in 2017 in accordance with the number of labeled hours for the members of the SPCT? o No, our SPCT actually had too many consultations No, our SPCT actually had too few consultations Yes, the number of consultations was in line with the number of labeled hours IV. Questions regarding procedures followed by the SPCT 32. Who can request consultation from the SPCT? Medical specialist General practitioner Paramedics Resident Pharmacist Patient / family o Intern Nurse Primary healthcare professionals Other, namely... 33. Are there triggered referrals to the SPCT for patients with specific diagnoses? o No Yes, namely... 34. What is the average life expectancy for patients referred to the SPCT? o 3 days or less ○ 4 days – 2 weeks 2 – 4 weeks ○ 4 weeks – 3 months o 3 months or more o Unknown 35. For which type of patients can the SPCT be consulted? (multiple boxes may be ticked) Inpatients Outpatients o Patients who live at home (or elsewhere) and are known to the SPCT o Patients who live at home (or elsewhere) and are not necessarily known to the SPCT Others, namely: 36. How does the request for consultation reach the SPCT? (multiple boxes may be ticked) By phone Via the electronic patient record Via a paper referral form Via the multidisciplinary team meeting

Otherwise, namely:

37. Which types of consultation are provided to patients? (multiple boxes may be ticked) o By telephone Bedside (inpatient) Face to face (outpatient) Home visit Screen tot screen o By e-mail Otherwise, namely:... 38. Which types of consultation are provided to professionals? (multiple boxes may be ticked) By telephone o Face to face Screen tot screen o By e-mail Otherwise, namely:... 39. How is the referring professional provided with the SPCT's advice? (multiple boxes may be ticked) o By telephone Face to face with referring professional Screen tot screen with referring professional In the electronic patient record o In the paper patient file On the paper referral form Otherwise, namely:... 40. Where is the consultation documented? (multiple boxes may be ticked) In the electronic patient record In the paper patient file o In the SPCT's own patient database o In the patient's individual care plan Otherwise, namely:... 41. At what times can the SPCT be consulted? 0 24/7 Within office hours Otherwise, namely: 42. Is consultation available outside office hours? Yes, through SPCT medical specialist on call Yes, via answering machine / e-mail Yes, through a regional SPCT helpdesk (by phone) Yes, through supraregional SPCT cooperation No, consultation outside office hours is not availble Otherwise, namely:... 43. How much time is available for the initial (first) consultation (in minutes)? 44. How much time is available for follow-up consultation (in minutes)?

- 45. As a rule, is the patient seen by one or more members of the SPCT?
 - o No, usually the consultation is done by telephone with the referring professional
 - As a rule, the patient is seen by a nurse practitioner
 - As a rule, the patient is seen by a nurse
 - O As a rule, the patient is seen by a physician
 - As a rule, the patient is seen by a nurse practitioner **and** a physician
 - O As a rule, the patient is seen by a nurse **and** a physician
 - As a rule, the patient is seen by a nurse practitioner **or** a physician
 - O As a rule, the patient is seen by a nurse **or** a physician
 - O As a rule, the patient is seen by a nurse **or** nurse practitioner
 - Otherwise, namely:...
- 46. What is the average number of contacts of the SPCT with the patient?
 - Only once (initial visit)
 - Daily SPCT visits during hospital admission
 - Otherwise, namely:...
- 47. What are reasons for referral to the SPCT? (Rank the list from highest to lowest frequency)
 - Explaining illness and prognosis / prognostic awareness
 - Problems / symptoms within the physical domain
 - o Problems / symptoms within the psychological domain
 - o Problems / symptoms within the social domain
 - o Problems / symptoms within the spiritual / existential domain
 - Weighing treatment options
 - Coping of patient and / or family
 - Advance care planning
 - o Referral
 - o Palliative sedation
 - o Euthanasia
- 48. Are there other reasons for referral to the SPCT?
 - o Yes, namely:...

- 49. Which of the following measurement instruments / tools are used in daily practice? (multiple boxes may be ticked)
 - Karnofsky Performance Status (KPS)
 - Palliative Performance Status (PPS)
 - Eastern Cooperative Oncology Group Performance Status (ECOG)
 - o Medical Research Council (MRC) Dyspnea
 - Clinical COPD Questionnaire (CCQ)
 - Mouth status screening list
 - Oral Mucositis Assessment Scale (OMAS)
 - Mini-Nutritional Assessment-Short Form (MNA SF)
 - Short Nutritional Assessment Questionnaire (SNAQ)
 - Malnutrition Universal Screening Tool (MUST)
 - Pain Inventory
 - Breakthrough Pain Assessment Tool (BAT)
 - Rotterdam Elderly Pain Observation Scale (EPOS)
 - Pain Assessment Scale for Seniors with severe dementia (PACSLAC-D)
 - Brief Fatigue Inventory (BFI)
 - Other, namely:...

- Multidimensional Fatigue Index (MFI)
- o Distress Thermometer
- Edmonton Symptom Assessment Scale (ESAS)
- Chronic Respiratory Questionnaire (CRQ)
- Care related Quality of Life for Chronic Heart Failure (CareQoL CHF)
- Groningen Frailty Indicator (GFI)
- o Geriatric 8 (G8)
- Hospital Anxiety and Depression Scale (HADS)
- Cornell Scale for Depression in Dementia (CSDD)
- Geriatric Depression Scale 15 (GDS15)
- Delirium Observation Scale (DOS)
- Delirium-O-Measure (DOM)
- Pain Assessment in Advanced Dementia (PAINAD)
- Experienced Burden by Informal Caregiver (EDIZ)
- Self-rated Burden Scale (SRB)
- We do not use measurement tools
- 50. What is the SPCT physician's position with regard to referred patients?
 - Managing / Treating Physician
 - Co-managing Physician
 - o Consulting Physician
- 51. What proportion of referrals concerned non-oncology patients?
 - o < 20%
 - 0 20-40%
 - 0 40-60%
 - o 60-80%
 - o > 80%
- V. Coordination & continuity of care
- 52. Prior to discharge, is the SPCT in touch with the nursing home physician or general practitioner, regarding palliative care at home?
 - o Yes, always
 - Only on indication
 - No, that is the responsibility of the managing / treating physician
 - No, because...
- 53. The following questions concern SPCT continuing advice / counseling after the patient has been discharged. (multiple boxes may be ticked)

	Always	Often	Sometimes	Never
Is there follow-up by phone?	0	0	0	0
Is there follow-up in the outpatient clinic?	0	0	0	0
Is there follow-up through community visits, if needed?	0	0	0	0

Follow-up is provided in other ways, namely:...

- 54. Our SPCT's community-based way of working is apparent through: (multiple boxes may be ticked)
 - We do not work community-based
 - o Composition of the SPCT with professionals from both hospital and community setting
 - o Consultation by phone for professionals caring for patients outside the hospital
 - o Bedside consultation by SPCT members for patients outside the hospital
 - o Community based healthcare professionals perform bedside consultation in hospital
 - Community based healthcare professionals participate in SPCT's multidisciplinary team meeting
 - Otherwise, namely:
- 55. What activities does the SPCT perform for the purpose of publicity and profiling? (multiple boxes may be ticked)
 - Research
 - Education / training (within the hospital)
 - Education / training (outside the hospital)
 - Development of protocols
 - o PR / marketing
 - Initiating presentations, conferences, congresses
 - Otherwise, namely:...

VI. SPCT Multidisciplinary team meeting

- 56. Is there a weekly multidisciplinary team meeting (MTM) of the SPCT?
 - o Yes
 - o No, our MTM frequency is:.... times per ...
- 57. What is the average duration of the MTMs? (in minutes)...
- 58. Which referring disciplines attend the MTMs? (multiple boxes may be ticked)

		Standing invitation	When indicated
0	General practitioner	0	0
0	Nursing home physician	0	0
0	Anesthesiology	0	0
0	Internal diseases (oncology)	0	0
0	Gastro-enterology	0	0
0	Geriatrics	0	0
0	Pediatrics	0	0
0	Pulmonary diseases	0	0
0	Neurology	0	0
0	Radiotherapy	0	0
0	Rehabilitation	0	0
0	Nurse practitioner	0	0
0	Oncology nurse	0	0
0	Pain nurse	0	0
0	Community nurse	0	0
0	Hospital nurse	0	0
0	Transfer nurse	0	0
0	Other nurse	0	0
0	Pharmacy	0	0
0	Psychiatry	0	0
0	Psychology	0	0
0	Social worker	0	0
0	Occupational therapy	0	0
0	Physical therapy	0	0
0	Chaplains / spiritual caregiver	0	0
0	Dietician	0	0

	0	Secretary		0		0		
	0	Other discipline, namely						
59.	Does the referring professional attend the MTM?							
	0	Yes, in principal the referring professional always attends the MTM						
	0	Only when indicated						
	0	No						
60.	Wh	ich patients are discussed in the	MTI	Ms?				
	0	All patients						
	0	Only new patients						
	0	Only complex patients						
	0	Only new and complex patients	5					
	0	Others, namely						
61.	Hov	v many patients are on average	discı	ussed in the MTMs?				
		es the referring professional always			гм?			
	0	Yes	•	•				
	0	No						
63.	Doe	es the general practitioner or nu	rsing	home physician of the re	eferre	ed patient always receive a		
		of the MTM?		, ,		,		
	0	Yes						
	0	No						
64.	Doe	es a member of the SPCT attend	MTN	As in other departments?				
	0	Yes						
	0	No						
65.	-	SPCT has a standing invitation t	o att	tend the MTMs of the fol	lowin	g departments: (multiple		
		nay be ticked)	.c at			8 acharements: (matche		
	0	Anesthesiology	0	Hematology	0	Orthopedic Surgery		
	0	Cardiology	0	ICU	0	Pediatrics		
	0	Dermatology	0	Internal diseases	0	Psychiatrics		
	0	Ear, Nose, Throat	0	Neonatal care	0	Pulmonary diseases		
	0	Emergency Department	0	Neurology	0	Rehabilitation		
	0	Endocrinology	0	Neurosurgery	0	Rheumatology		
	0	Gastro-intestinal diseases	0	Nephrology	0	Surgery		
	0	Geriatrics	0	Oncology	0	Urology		
		Gynecology		Ophthalmology		Other, namely:		
	O	dynecology	O	Орпинанноюду	O	other, namery		
1/11	Our	ality of care and expertise of the	SDC	Т				
		there agreed quality criteria? (r			١			
00.	0	No	iiuiti	pie bokes may be ticked)	,			
	0	Yes, regarding timing / respons	e to	rafarral				
	0	Yes, regarding level of education						
		Yes, regarding method of consu						
	0	Yes, regarding advice based on						
	0	Yes, regarding use of measuren	-	_				
	0	Yes, regarding presence at SPC						
	0							
	0	Yes, regarding follow-up of give						
	0	Yes, regarding informing patier	_	•	tion			
	0	Yes, regarding collective contin	_	_	LIUII			
	0	Yes, regarding 'care for healtho	are p	Diolessionals				
	0	Other criteria, namely:						

67.	Wh	at is the level of education and /	or tra	ining of the physician	s of the	e SPCT?
					Numb	er of physicians
	0	2- year continuing medical edu	cation	(CME)		
	0	Cardiff Palliative Medicine Cou	rse (pc	ostgraduate)		
	0	8-day medical course				
	0	No additional education and / o	ning			
	0	Other, namely:	8			
68		at is the level of education and /	or tra	ining of the nurses of		CT3
00.	***	at is the level of cadeation and ,	Or tru	ining of the harses of		er of nurses
	_	1-year continuing nursing educ	ation ((CNE) Niimagan		ici di liuises
	0				•••	
	0	1-year continuing nursing educ				
	0	1-year continuing nursing educ	ation (CNE) Otrecht	•••	
	0	Basic palliative care training				
	0	No additional education and / o	or trair	ning		
	0	Other, namely:				
69.	Wh	at is the level of education and \prime	or tra	ining of the nurse pra	ctition	ers of the SPCT?
					Numb	er of nurses
	0	Differentiation Palliative Care				
	0	Differentiation Oncology				
	0	Differentiation Pain				
	0	No additional education and / o	or train	ning		
	0	Other, namely:		8		
70		ich members of the SPCT are rei	mhurs	ad for attending conf	oronco	s and / or continuing
		I / nursing education? (multiple		_	CICIICC	s and / or continuing
me				•	_	Dhawaaa
	0	General practitioner	0	Radiotherapy	0	Pharmacy
	0	Nursing home physician	0	Rehabilitation	0	Psychiatry
	0	Anesthesiology	0	Nurse practitioner	0	Psychology
	0	Internal diseases (oncology)	0	Oncology nurse	0	Social worker
	0	Gastro-enterology	0	Pain nurse	0	Occupational therapy
	0	Geriatrics	0	Community nurse	0	Physical therapy
	0	Pediatrics	0	Hospital nurse	0	Chaplains
	0	Pulmonary diseases	0	Transfer nurse	0	Dietician
	0	Neurology	0	Other nurse	0	Secretary
	0	Other. namely:			0	No budget
71.	Is th	nere structural attention for selfo	are ar	nd care for each other	r in SPC	T meetings?
,	0	Yes	our e ur	id care for each other	5. 6	in meetings.
	0	No				
72		nere a burn-out (prevention) pro	aramr	no within the hospita	l and de	nos the SDCT participate?
12.		••	graiiii	ne within the nospita	i allu u	bes the SPC1 participate:
	0	Yes				
	0	Yes, but the SPCT does not part	icipate	9		
	0	No				
73.	Hov	v would you evaluate the over-a		tioning of the SPCT w	ithin yo	•
0			50			100
_						
74.	Hov	v would you evaluate the quality	of co	nsultation provided b	y the S	PCT?
0			50			100
- 1						
75.	Wh	at impeding factors are currently	 ∕ influ∈	encing the over-all fur	nctionir	ng of the SPCT?
		at tips and tricks would you sugg	•	_		_
		the researchers contact you, sh				_
	0	Yes				·· - ·
	_	No		Thank you	for you	r cooperation!
	0	INO		THATIK YOU	ioi you	i cooperation: